

New Hampshire Department of Agriculture, Markets & Food Organic System Plan for Processors & Handlers of Organic Products.

1. Please complete this application if you are requesting organic processor/handler certification. Separate sheets may be included if additional space is necessary.
2. Attach the following documents: NHDAMF Product Profile Sheet (for each product), a current schematic product flow chart, and a facility map for each facility to be inspected.

SECTION 1: General Information		NATIONAL ORGANIC PROGRAM (NOP) RULE Sections 205.201 & 205.401	
Company name:			
Owner/Manager***:			
Physical Address:			
Mailing Address (if different from above):			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Website:			
***Is this person AUTHORIZED to act on behalf of the company		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO-list name, address & telephone of person who is:			
Number** of processing/handling facilities to be certified:			

**More than ONE facility requires separate applications for each site, and additional fees. Copies of this application may be made.

CERTIFICATION FEE:	\$250.00	ADDITIONAL FACILITIES:	#	X \$100 per =	
TOTAL FEE SUBMITTED:		CHECK NUMBER:			
Note: Inspection fees shall be calculated at a rate of \$35 per hour, and travel expenses at \$0.375 per mile. A separate invoice will be issued to the above APPLICANT after the completions of all inspection visits and subsequent inspections reports have been filed with NHDAMF.					

<u>Organic certification history:</u>	
Are you currently certified by another USDA Certifying Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name & address:	
1. List previous years certified organic & name of Certifying Agency:	
2. List all non-compliances within the past 5 years, and corrective actions implemented:	
3. Has certification ever been denied, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach copies of relevant documents and the corrective actions implemented.	

SECTION 2: Labeling and Product Composition**NOP RULE Sections 205.105, .270, .300-.305 & .307-.311****Attach an Organic Product Profile sheet and copies of all labels used for each product requested for certification.****A. PRODUCTS LABELED AS "100% ORGANIC." (All ingredients must be certified organic, including processing aids.)**

List all products to be labeled as "100% Organic", and check appropriate boxes.

☐ **NONE**

Product Name	Org. Ingredients listed on info. panel	Certifier's name on label	USDA seal used on label	Certifier's seal/logo used on label
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. PRODUCTS LABELED AS "ORGANIC." (At least 95% certified organic ingredients)

Product Name	Org. Ingredients listed on info. panel	Certifier's name on label	USDA seal used on label	Certifier's seal/logo used on label
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Products labeled as "ORGANIC" – Are any non-organic ingredients used? ☐ Yes ☐ No

If yes, list all organic products which contain non-organic agricultural ingredients:

Describe attempts to source the same organic agricultural ingredients:

SECTION 2: Labeling and Product Composition cont.**NOP RULE Sections 205.105, .270, .300-.305 & .307-.311****C. PRODUCTS LABELED AS “Made with organic...(ingredients or food groups(s) identified)”**

(NOTE: At least 70% certified organic ingredients required; and up to 3 ingredients or food group(s) can be listed in product name. Choose from the following food group lists: *beans, fish, fruits, grains, herbs, meats, nuts, oils, poultry, seeds, spices, sweeteners, vegetables, or processed milk products.*)

Product Name	Number of ingredients or food groups listed on Principal Display Panel (PDP)	List each ingredient or food group shown on the PDP	Are organic ingredients listed on the information panel?	Certifier's seal/logo used on label
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

D. PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS (Organic ingredients listed only on the information panel)☐ **NONE**

List all products which contain less than 70% organic ingredients:

E. WATER USE**Attach copy of most recent water test to application.****Source of Water:** ☐ on-site well ☐ municipal ☐ other (specify):**Check ways water is used in processing:** ☐ ingredient ☐ processing aid ☐ cooking ☐ cooling ☐ product transport
☐ cleaning organic products ☐ cleaning equipment ☐ other (specify):

Specify what, if any, on-site water treatment processes are used:

☐ **NONE**Is steam used in the processing or packaging of organic products? ☐ Yes ☐ No

If yes, describe how steam is used:

How often is water monitoring conducted? ☐ weekly ☐ monthly ☐ annually ☐ other:

Describe how water quality is monitored:

SECTION 3: ASSURANCE of ORGANIC INTEGRITY**NOP RULE 205.201(a), .270 & .272****A. PRODUCT FLOW**

1. Attach a complete written description or schematic product flow chart, which shows the movement of all organic products, from incoming/receiving through production to outgoing/shipping.
2. Indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified.

SECTION 3: ASSURANCE of ORGANIC INTEGRITY cont.**NOP RULE 205.201(a), .270 & .272****B. ORGANIC INTEGRITY****Do you have an organic integrity program in place to address areas of potential commingling and/or contamination?**☐ Yes ☐ No

- If yes, attach a list of these specific control points in your process and state how these were addressed to protect the organic integrity.

- If no, do you have plans to implement an organic integrity program?

☐ Yes ☐ No**C. MONITORING****Do you have a Quality Assurance program in place?**☐ Yes ☐ No

- If yes, what program do you use? ☐ ISO ☐ HACCP ☐ TQM ☐ Other:

Are there any outside quality assessment services used (e.g. AIB)?☐ Yes ☐ No

- If yes, name of company:

How do you prevent the use of ingredients produced using excluded methods (genetic engineering), sewage sludge, or ionizing radiation? (check all that apply) ☐ GE testing ☐ letters from manufacturers ☐ other:**Are finished product samples retained?**☐ Yes ☐ No

If yes, how long?

Do you have a product recall system in place?☐ Yes ☐ No

If yes, describe:

D. EQUIPMENT**List all equipment used in processing. An attached list is acceptable.**

Equipment name/type	Capacity	Check if equipment is cleaned prior to organic production	Check if cleaning is documented	Check if equipment is purged* prior to organic production
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*With purging, describe purging procedures, quantities purged and documentation maintained:

E. SANITATION

- 1. Attach label information and MSDS sheets for ALL cleaning and sanitizing products.**
2. Attach copy of cleaning logs for ALL areas of the facility.

Check cleaning methods used: ☐ sweeping ☐ scraping ☐ vacuuming ☐ compressed air ☐ manual washing
☐ clean in place (CIP) ☐ steam cleaning ☐ sanitizing ☐ other (specify):

Are all food contact surfaces of food grade materials?

☐ Yes ☐ No

Do you test food contact surface or rinsate for cleaner/sanitizer residues?

☐ Yes ☐ No

Where are cleaning/sanitizing materials stored?

* Indicate on Facility Map

SECTION 3: ASSURANCE of ORGANIC INTEGRITY cont.**NOP RULE 205.201(a), .270 & .272****F. PACKAGING:**

1. Check type of packaging materials used: ☐ paper ☐ cardboard ☐ wood ☐ glass ☐ metal ☐ foil ☐ plastic ☐ waxed paper ☐ aseptic ☐ natural fiber ☐ synthetic fiber ☐ other (specify):

2. Where are packaging materials stored?

* Indicate on Facility Map

3. Are any fungicides, fumigants, or pest controls used in this storage area?

☐ Yes ☐ No

If yes, describe use and list specific product(s):

4. Are packaging materials reused?

☐ Yes ☐ No

If yes, describe how reusable packaging materials are cleaned prior to use:

G. LABELS and LABELING of ORGANIC PROCESSED PRODUCTS:

1. Will the USDA Organic Logo be used on packaging/receipts/labels?

☐ Yes ☐ No

2. Will the NHDAMF Organic Logo be used on packaging/receipts/labels?

☐ Yes ☐ No

ATTACH COPIES OF ALL LABELS and PACKAGING which display either or both of the USDA or NHDAMF Organic Logos.

H. STORAGE:

All storage areas are to be indicated on Applicant's FACILITY MAP. The following storages areas must be indicated if used:

- Ingredient storage – Indicate both organic & non-organic, if applicable
- Packaging material storage – Indicate both organic & non-organic, if applicable
- In-process storage
- Finished product storage – Indicate both organic & non-organic, if applicable
- Off-site storage-give name, address, phone number and types of products stored at this location:

I. TRANSPORTATION OF ORGANIC PRODUCTS

1. Incoming RAW ingredients: In what forms are incoming products received?

☐ dry bulk ☐ liquid bulk ☐ tote bags ☐ metal drums ☐ cardboard drums ☐ paper bags ☐ foil bags
☐ Other (specify):

2. How are incoming products transported to facility?

2. With transport companies, have you notified them of organic handling requirements?

☐ Yes ☐ No

3. Do transport units transport non-organic products or prohibited substances?

☐ Yes ☐ No

3a. If yes, how do you insure that inbound transport units are cleaned prior to loading organic products?

4. Are organic products shipped at the same time as non-organic in the same transport unit?

☐ Yes ☐ No

4a. If yes, describe steps taken to segregate organic products:

SECTION 3: ASSURANCE of ORGANIC INTEGRITY cont.**NOP RULE 205.201(a), .270 & .272**

5. In which forms are outgoing products shipped?

- ☐ dry bulk ☐ liquid bulk ☐ tote bags ☐ paper bags ☐ foil bags ☐ metal drums ☐ cardboard drums
☐ mesh bags ☐ cardboard cases ☐ plastic crates ☐ Other (specify):

6. How are outgoing products shipped?

7. If used, have transport companies been notified of organic handling requirements?

☐ Yes ☐ No

8. How do you verify that transport companies will not commingle organic and non-organic or prohibited substances?

9. What measures are taken to insure segregation of organic and non-organic or prohibited substances?

SECTION 4: PEST MANAGEMENT**NOP RULE 205.271****PEST CONTROL:**

- **Use of pest control products and practices MUST be documented and included as part of the Organic Handling Plan.**
- **Attach a facility map indicating locations of traps, monitors and other similar pest control devices.**
- **Submit pesticide labels and Material Safety Data Sheets (MSDS) for all pesticides used inside and outside the facility.**

1. Who is responsible for the Pest Control Program?

2. Give name, address and phone number of pest control company employed:

3. When was the last date of facility inspection?

NOTE: Attach a copy of the last inspection report completed by the pest control company;
if applicant is responsible for pest control, attach the most recent facility pest control review conducted.

4. What measures are taken to prevent pesticide contamination of organic ingredients and finished products?

SECTION 5: Record Keeping**NOP RULE 205.103**

Organic records must be maintained for 5 years and demonstrate compliance with the NOP Rule. Organic products must be tracked from receipt of incoming ingredients to sale of finished products. All records must be accessible to the inspector.

Which of the following records do you keep for organic processing/handling?**Incoming:**

- ☐ purchase orders ☐ contracts ☐ invoices ☐ receipts ☐ bills of lading ☐ customs forms ☐ scale tickets
☐ quality test results ☐ Certificates of Analysis ☐ receiving records ☐ copies of Certificates of Organic Operation
☐ verification of non-GMO ingredients ☐ Other (specify):

In-Process

- ☐ ingredient inspection forms ☐ blending reports ☐ production reports ☐ equipment clean-out logs ☐ sanitation logs
☐ packaging reports ☐ QA reports ☐ production summary records (12 mos.)
☐ Other (specify):

SECTION 5: Record Keeping cont.**NOP RULE 205.103****Storage:**☐ ingredient inventory reports ☐ finished product inventory reports ☐ Other (specify):**Outgoing:**☐ shipping log ☐ transport unit inspection/cleaning forms ☐ bills of lading ☐ purchase orders ☐ sales orders
☐ sales invoices ☐ phytosanitary certificates ☐ export declaration forms ☐ copies of Certificates of Organic Operation
☐ shipping summary log ☐ sales summary log ☐ Other (specify):**Describe your lot numbering system:****Can your record keeping system track the finished product back to all ingredients?**☐ Yes ☐ No**Can your record keeping system balance organic ingredients in and organic products out?**☐ Yes ☐ No**SECTION 6: Affirmation****NOP RULE 205.100, .400, .401**

I affirm that all statements made in this Organic Handling Plan are true and correct. I agree to comply with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations and NH RSA 426:6, and PART AGR 910. I understand that the facility may be subject to unannounced inspection and/or organic products may be sampled and tested for residues at any time. I agree to provide further information as required by the certifying agent.

Print Name of Signatory _____

Signature of Owner/Manager _____ Date _____

I have attached the following additional documents:

- | | | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> product flow chart | <input type="checkbox"/> facility map | <input type="checkbox"/> Organic Product Profiles |
| <input type="checkbox"/> pest management map of traps and monitors | <input type="checkbox"/> water test, if applicable | <input type="checkbox"/> MSDS, if applicable |
| <input type="checkbox"/> organic product labels | <input type="checkbox"/> labels for minor ingredients | |
| <input type="checkbox"/> labels for other substances used (boiler additives, cleansers, or pesticides) | | |

☐ I have made copies of this Organic Handling Plan and other supporting documents for my own records.**Submit completed form, fees, and supporting documents to:****NEW HAMPSHIRE DEPT OF AGRICULTURE, MARKETS & FOOD****DIVISION OF REGULATORY SERVICES****PO BOX 2042****CONCORD NH 03302-2042 Tele: 603-271-3685 Fax: 603-271-1109**